
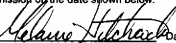


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Schuler et al.	Group No: 3772
Application No: 10/734,076	Examiner: Nihir B. Patel
Confirmation No: 7962	Attorney Docket No: NK.130.00
Filed: December 10, 2003	
Title: METERED DOSE INHALER WITH LOCKOUT	November 5, 2008 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>			
<b>Papers Enclosed</b>	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
	Extension (Months)	Extension Fee		
		Large Entity	Small Entity	
	<input checked="" type="checkbox"/> Supplemental Appeal Brief (22 pg)	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Associate Power of Attorney Statement	<input type="checkbox"/> Two Months	\$490.00	\$245.00
<input type="checkbox"/> Notice of Appeal (form PTO/SB31)	<input type="checkbox"/> Three Months	\$1,100.00	\$555.00	
<input type="checkbox"/> Drawings (Formal)	<b>Total \$ 130.00</b>			
<input type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			
<input type="checkbox"/> PTO-SB08 Form				
<input type="checkbox"/> Citations				
<input type="checkbox"/> Terminal Disclaimer				
<input type="checkbox"/> Postcard for Return (1)				

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	14	40	0	\$52.00	\$26.00	\$0.00
Independent Claims	2	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$130.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
<b>Total</b>	<b>\$130.00</b>	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ <u>0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <b>\$130.00</b> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to:  Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300, or transmitted via electronic submission on the date shown below.		Respectfully Submitted,   Guy V. Tucker Registration No. 45,302	
By:  Melanie Hitchcock		Date: <u>November 5, 2008</u>	